



HOME VISITATION RESIDENCY VERIFICATION FORM

Name of Student: _____ Name of School: _____

Address of Home Visit: _____

Date of Home Visit: _____ Primary Telephone Number of Residence: _____

Number of People Residing in the Home: _____

Name of Person(s) in the Home: 1. _____ Relationship to Student _____

2. _____ Relationship to Student: _____

3. _____ Relationship to Student: _____

4. _____ Relationship to Student: _____

If no relationship, explain: _____

Primary Lease Holder: _____

Additional Names on Lease: _____

Is student on Lease: _____ Yes _____ No If no, why: _____

Number of Bedrooms: _____ Number of Beds/Sleeping Area: _____

Contents of Closets (clothing, sizes, etc.): _____

Are personal items of parent(s)/other primary caregiver(s) and student visible: _____ Yes _____ No

Please describe: _____

I certify that I am the Principal or Designee authorized by the named school to conduct a home visit for the student named above. I attest that the information herein provided is true to the best of my knowledge based on the home visit I have conducted, and that I have confirmed the residency of the student by conducting a home visit.

Signature of Principal or Designee

Date

Penalty for False Information:

Any person, including any parent, caregiver, District of Columbia public school or public charter school official who knowingly supplies false information to a public official in connection with student residency verification shall be subject to charges of tuition retroactively, payment of fine of not more than \$2,000, or imprisonment for not more than 90 days, or any combination thereof, pursuant to the District of Columbia Nonresident Tuition Act, approved September 8, 1960 (D.C. Code §38-312). The case of any such person may be referred to the Office of the Attorney General for consideration for prosecution.